

Division of Substance Abuse and Mental Health
POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Staff Safety	<u>POLICY #:</u> DSAMH042
<u>PREPARED BY:</u> Policy Committee	<u>DATE ISSUED:</u> 08/05/2022
<u>RELATED POLICIES:</u> DSAMH029 Incident Reporting DSAMH041 Incident Notification	<u>REFERENCE:</u> PM 46 PM83 DHSS Incident Report
<u>DATES REVIEWED:</u> 08/05/2022 08/30/2023 10/21/2024 07/17/2025 10/09/2025	<u>DATES REVISED:</u> 08/02/2023 08/28/2024 07/09/2025 09/15/2025
<u>APPROVED BY:</u>  <u>DATE APPROVED:</u> 10/15/2025 7:50 AM PDT	<u>NOTES:</u> ☒ DSAMH Internal Policy ☒ DSAMH Operated Program ☐ DSAMH State Providers ☐ Delaware Psychiatric Center ☐ Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

This policy addresses the risk of violence in office settings and in the community by promoting and maintaining the safety of individuals within DSAMH-operated programs. DSAMH maintains an organizational philosophy which promotes the use of verbal de-escalation techniques and other non-physical interventions for situations in which aggression is present. Behavioral management procedures should be used to maintain the health and safety of all present and to preserve the dignity, rights, and wellbeing of clients, staff, and others. The purpose of this policy is to provide guidance to minimize potential harm from a client exhibiting threatening or aggressive behavior.

II. **POLICY STATEMENT:**

To establish a policy for DSAMH-operated programs' staff to manage the physical and personal safety of themselves, clients, other staff, and individuals in the event of a client crisis.

III. **DEFINITIONS:**

"DSAMH staff" means any staff, contracted workers, or employees working within a DSAMH-operated program.

"DSAMH-operated programs" means programs such as Bridge Clinics, Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE), Crisis Intervention Services (CIS), Treatment Access Center (TASC), Transitional Case Management (TCM), and SUD Care Navigators.

IV. SCOPE:

This policy applies to all DSAMH staff who provide services to clients. This policy extends to individuals assigned to DSAMH sites, such as agency contracted workers including all administrators, clinicians, other employees, subcontractors, and volunteers. All DSAMH-operated programs are included in this scope. Any new direct care services offered by DSAMH are also required to adhere to this policy.

V. PROCEDURES/RESPONSIBILITIES:

A. Employee Safety Training:

1. Staff members are instructed in the Division's philosophy during orientation and undergo training on de-escalation techniques to address threatening or aggressive behaviors.
2. This training is designed to provide ongoing instruction and demonstrate an understanding of the following:
 - a. underlying causes of client's threatening behaviors,
 - b. situations in which staff behaviors may affect a client's behavior,
 - c. techniques of verbal de-escalation,
 - d. mediation,
 - e. self-protection, and
 - f. other techniques such as separation from the environment or redirecting the client's focus.

B. Safety Assessment and Practices:

1. Upon initial contact, the client shall be assessed to obtain information that may reduce the occurrence of volatile situations.
2. Staff should enter any room behind the client and ensure that they are facing the client at all times.
3. Workers should continually take note of any unusual presentation in the client's words, body language, dress, or nonverbal cues. Risk assessment is a continuous process during the entire encounter with the client. Staff shall perform a brief visual observation of the client to determine if weapons are hidden in pockets, belts, shoes, etc. Information should be obtained from the client, referral sources, others witnessing behaviors, or those knowledgeable about the client's history, if possible.
4. If the staff assesses that the situation is unsafe, they will immediately call 911 and then notify their supervisor. Persons experiencing emergent medical situations will be connected with appropriate care via 911.
5. When meeting with a client, staff should be aware of and limit access to potential weapons or objects that could inflict harm such as staplers and scissors. Rooms should be cleared of all items except for those necessary to conduct an interview such as a desk, chairs, and a phone. Arrange seating so that the client cannot block egress. Ensure that the telephone is readily accessible to the worker and that the worker is positioned between the client and the phone.

C. Police Involvement:

1. If a client is brought in by the police, the police will be asked to remain on site, unless it is determined by staff that the client will not need involuntary commitment, or the threat of potential danger is low.
2. Should the client act out in a threatening manner while the police are on site, workers are to follow police direction to ensure the safety of all present.

D. Response to Physical Aggression:

1. If there are no police on site and a client acts out aggressively or threatens physical harm, staff should employ behavioral management practices and contact 911.
2. If the situation requires separating the client from the public environment, this will take place in an unlocked room without the use of intimidation, force, or threats.
3. At no time will the client be denied basic needs.
4. Staff shall not utilize corporal punishment, fear-eliciting procedures, mechanical or physical restraint, or seclusion.
5. The client will be monitored by staff to ensure the safety of all present until police arrival.
6. In the event that physical intervention is unavoidable, an employee may only use defensive methods that a reasonable person would utilize when facing similar circumstances.
7. If a client is perceived to be a threat to the health and safety of others, they are not to be seen by a sole worker without police presence. When working directly in the community with clients assessed to be a threat or as part of a crisis response, staff shall work in pairs at a minimum.
8. Should any safety concerns become known, or if a client seems to be agitated upon presentation to the office, staff will arrange to have the client seen in an open area to maintain a safe distance and have two workers present, if possible.

E. Post Incident Notification and Response (see DSAMH041 Incident Notification Policy for more detailed instruction):

1. If a physical altercation occurs, the immediate supervisor shall be notified promptly.
2. The immediate supervisor shall notify the Bureau Chief and Unit Lead.
3. If injuries are sustained during the altercation, the injured person must be taken or sent to the emergency room, unless the person refuses. Any refusal for medical treatment shall be documented.
4. An incident report detailing the event should be completed by the worker directly involved prior to the end of the shift and notify their supervisor that an incident report was completed.
5. If the worker is unable to complete the report, another staff who witnessed the incident or the supervisor shall complete the report prior to the end of the shift.
6. The client's chart should be highlighted as to the potential for violence, with a description of the violence noted in the client's chart. Each program shall develop their own means of alerting staff to potential violent behavior from the client. Any incidents shall be noted in the client's clinical record, excluding the actual incident report, but must include a note that an incident report was completed.

F. Securing the work site:

1. Staff shall ensure that the work site is secure. Any staff that identifies environmental hazards such as those listed below shall immediately correct or report to management for remediation:
 - a. building doors unlocked or broken,
 - b. windows open or broken, or
 - c. exits blocked.

VI. **POLICY LIFESPAN**: Annual review and redistribute to staff annually.

VII. **RESOURCES**: N/A